

SECRET

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|------------------|----------|
| DATE | FILE NO. |
| 27 July 1973 | 2500 767 |
| SS NUMBER | |
| 391-24-6032 | |
| EMPLOYEE NUMBER | |
| 024345 OS# 40696 | |
| ID CARD NUMBER | |

**SECTION OF ESTABLISHMENT OR CANCELLATION
OF OFFICIAL COVER BACKSTOP**

| | |
|--|-----------------------------|
| <input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP | SS NUMBER |
| <input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP | EMPLOYEE NUMBER |
| <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH | ID CARD NUMBER |
| ATTN: Chief Support Staff | |
| REF: Form 1322 dated 7 Jun 73 | |
| SUBJECT | UNIT |
| PHILLIPS, DAVID A. | Department of State |
| OFFICIAL COVER | ESTABLISHED DISCONTINUED |

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

| | | | |
|---|--|-------------------|--|
| <input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS | | |
| <input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE EOD | EFFECTIVE DATE | | |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify) | SUBMIT FORM 3254 IMMEDIATELY TO BE ISSUED. (HMB 20-11) | | |
| <input checked="" type="checkbox"/> SUBMIT FORM 1322 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY III (HMB 20-7) | SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HMB 20-7) | | |
| <input checked="" type="checkbox"/> SUBMIT FORM 3254 State W-2 TO BE ISSUED. (HMB 20-11) | EAA. CATEGORY 1 | CATEGORY 1 | RETURN ALL OFFICIAL DOCUMENTATION TO CCS |
| <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e) | SUBMIT FORM 2688 FOR HOSPITALIZATION CARD. | | |
| <input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e) | DO NOT WRITE IN THIS BLOCK | | |
| <input checked="" type="checkbox"/> EAA. CATEGORY 1 | CATEGORY 1 | | |
| <input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD. | | | |
| REMARKS AND/OR COVER HISTORY | | | |
| JAN 53-54- VNOG 16-23 MAY 54-FEB 56-NEW YORK/NOC FEB 56-APR 57-HAVANNA/NOC APR 57-JUL 58- VNOG 12-18 AUG 58-MAR 60-HAVANNA/NOC MAR 60-22 AUG 61-HQS/NOC 23 AUG 61-JUL 65-MEXICO/STATE INT JUL 65-JUN 67- STATE INT 16-10 JUN 67-JUN 70-HQS/STATEINT JUN 70-14 JUN 73 STATE INT | | | |

DISTRIBUTION 15 JUN 73-21 JUL 73-HQS/
 COPY 1 - CD OR CPD **STATE INT**
 COPY 2 - OPERATING COMPONENT
 COPY 3 - OS/SR&CD 22 JUL 73-HQS/STATE NOM
 COPY 4 - OL/TFB
 COPY 5 - CCS-FILE
 EBP:SS


 CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF